PTO/SB/22 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)						
FY 2008 (Fees pursuant to the Consolidated Appropriations A	42597	7-193226						
Application Number 10/714,449 – Co	Filed Nov	ember 17, 2003						
7,550,000,001,140,443 = 00	JIII. # 5500	Filed November 17, 2003						
For METHOD TO INDUCE NEOVASCULAR FORMATION AND TISSUE REGENERATION								
Art Unit 1633	Examiner	S. Kaushal						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
	<u>Fee</u>	Small Entity Fee						
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
x Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 230.00					
Thrée months (37 CFR 1.17(a)(3))	\$1050	\$525	\$					
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$					
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$					
X Applicant claims small entity status. See 3	7 CFR 1.27.							
A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge	•							
Deposit Account Number 22-0261		sed a duplicate copy						
WARNING: Information on this form may become Provide credit card information and authorization		ormation should not be	included on this form.					
I am the applicant/inventor.								
assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
attorney or agent of record. F	Registration Number	44,014	<del></del>					
attorney or agent under 37 C								
Registration number if acting	under 37 CFR 1.34							
Nome Andre		March 5, 2008						
) Signature		Date						
Nancy J. Axelrod, Ph.D.		(202) 344-4000						
Typed or printed name	Telephor	ne Number						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of1 forms are su	bmitted.							

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		Complete if Known							
		Application Number 10/7		0/714,449- C	/714,449- Conf. # 9366				
		Filing Date	N	November 17, 2003					
· <del></del>		First Named Inventor Laguens							
For FY 2006		Examiner Name	Kaushal						
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1633		33					
TOTAL AMOUNT OF PAYMENT (\$) 230.00			Attorney Docket No. 42597-193226						
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES							
	FILIN		ARCH FEES	EXAMINA	ATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	aid (\$)		
Utility	300	150 500	250	200	100	10031	<u> </u>		
Design	200	100 100	50	130	65				
Plant	200	100 300	150	160	80				
Reissue	300	150 500	250	600	300				
Provisional	200	100 0	0	000	0				
2. EXCESS CLAIM FEES	200	100 0	U	U	0 .		0		
Fee Description						Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (inclu	ding Reissues)					50	25		
Each independent claim o	ver 3 (includin	g Reissues)				200	100		
Multiple dependent claims	s					360	180		
Total Claims Extra	a Claims F	ee (\$) Fee F	Paid (\$)	Muh	tiple Depender	nt Claims			
51 - 97 =	x	=	· · · · · · · · · · · · · · · · · · ·	Fee		Fee Paid (\$)			
HP = highest number of total cl	laims paid for, if gr	eater than 20.					-		
indep. Claims Extra	Claims F	ee (\$) Fee F	Paid (\$)						
27=	×	=							
HP = highest number of indepe	endent claims paid	for, if greater than 3.					_		
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
	Extra Sheets	. , , , , ,	• •	tion thereof	Fee (\$)	Fee F	Paid (\$)		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S)	-	<del></del>		,		Fees	Paid (\$)		
Other (e.g., late filing surcharge): Extension of Time						230.00			
SUBMITTED BY									
gnature Nau Registration No. (Attorney/Agent) 44,014 Telephone (202) 344-816					14-8164				
Name (Print/Type) Nancy J						Date March 5, 2008			